

31060 U.S. PTO  
03/14/02

3-18-020991E = 10/0966030  
03/14/02

Please type a plus sign (+) inside this box → ☒

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>	
Only for new nonprovisional applications in der 37 C.F.R. § 1.53(b)	
Attorney Doc ket No. <b>0102323-00096</b>	First Inventor or Application Identifier <b>00ATES</b>
Title <b>LOAD BALANCING COMPUTATIONAL METHODS</b>	Express Mail La bel No. <b>EV 093 931 908 US</b>

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO : Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
1. <input checked="" type="checkbox"/> Patent Application Transmittal Form	7. <input type="checkbox"/> Microfiche Computer Program (Appendix)	<b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. 53.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) in duplicate (S should be specifically itemized) 15. <input type="checkbox"/> Request and Certification Under 35 USC 122(b)(2)(B)(i) 16. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 17. <input type="checkbox"/> Other:			
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies				
3. <input type="checkbox"/> Fee Transmittal Form (Unexecuted) (eg., PTO/SB/17)					
4. <input checked="" type="checkbox"/> Specification [ Total Pages <b>121</b> ] Description (No. of Sheets: 114 ) Claims (No. of Sheets: 5 ) Abstract (No. of Sheets: 1 ) Appendix (No. of Sheets: ) Other: Cover Page (No. of Sheets: 1 )					
5. <input checked="" type="checkbox"/> Drawings(s) (35 U.S.C. 113) [ Total Sheets <b>15</b> ]					
6. <input type="checkbox"/> Oath or Declaration [Total Pages ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Unexecuted c. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d) (for continuous/divisional with 6 or 16 co completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).					
<b>NOTE FOR ENTIRE FILING: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IN ONE FOLLOWING CASE: FOR APPLICATIONS FILED UNDER 35 U.S.C. § 101.</b>					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner _____ Group Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under 37 C.F.R. 1.63, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>21125</b> or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
Name	David J. Powsner				
Address	Nutter, McClennen & Fish, LLP One International Place				
City	Boston	State	MA		
Country	US	Telephone	617-439-2717		
		Zip Code	02110-2699		
		Fax	617-310-9717		
Name (Print/Type)	David J. Powsner		Registration No. (Attorney/Agent)		
Signature			Date		
			3/14/02		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.